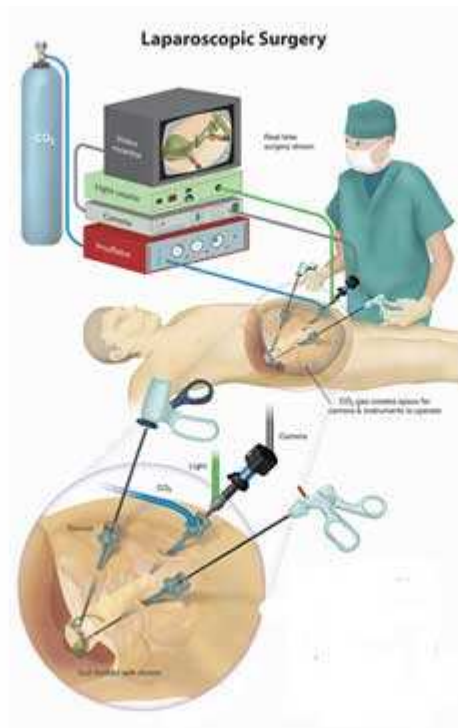


Laparoscopic radical nephrectomy: information for patients

What does the procedure involve?

This involves removal of the kidney through several keyhole incisions. It requires the placement of a telescope and operating instruments into your abdominal cavity using 4-5 small incisions. The adrenal gland may also be removed and one incision will need to be enlarged to remove the kidney.



What are the alternatives to this procedure?

Observation, embolisation, chemotherapy, immunotherapy, open surgery.

What should I expect before the procedure?

You will usually be admitted on the same day as your surgery. You will normally receive an appointment for pre-assessment before your admission, to assess your general fitness, to screen for the carriage of MRSA and to perform some baseline investigations. After admission, you will be seen by your consultant, anaesthetist and your named nurse.

You will be asked not to eat or drink for 6 hours before surgery.

You will need to wear anti-thrombosis stockings during your hospital stay; these help prevent blood clots forming in the veins of your legs during and after surgery.

Please be sure to inform your Urologist in advance of your surgery if you have any of the following:

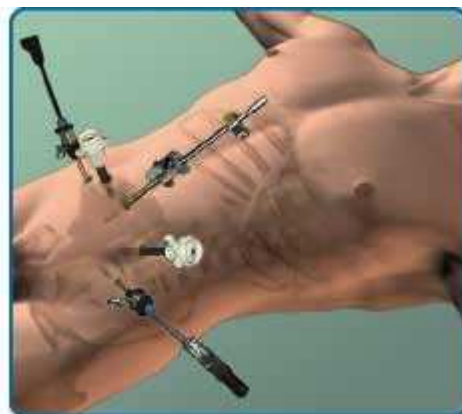
- any allergies
- an artificial heart valve
- a coronary artery stent
- a heart pacemaker or defibrillator
- an artificial joint
- an artificial blood vessel graft
- a neurosurgical shunt
- any other implanted foreign body
- a prescription for Warfarin, Aspirin or Clopidogrel (Plavix®)
- a previous or current MRSA infection

What happens during the procedure?

Normally, a full general anaesthetic will be used and you will be asleep throughout the procedure. In some patients, the anaesthetist may also use an epidural anaesthetic which improves or minimises pain post-operatively.

The kidney is dissected free through several keyhole incisions and put into a bag which is then removed by extending one of the keyhole incisions.

A bladder catheter is normally inserted during the operation to monitor urine output and a drainage tube may be placed through the skin into the bed of the kidney.



What happens immediately after the procedure?

You will be given fluids to drink from an early stage after the operation and you will be encouraged to mobilise as soon as you are comfortable to prevent blood clots forming in your legs. The wound drain and catheter are normally removed after 24-48 hours. The average hospital stay is 4 days.

What should I expect when I get home?

There may be some discomfort from the small incisions in your abdomen but this can normally be controlled with simple painkillers.

All the wounds are closed with absorbable stitches which do not require removal.

It will take 10-14 days to recover fully from the procedure and most people can return to normal activities after 2-4 weeks.

What else should I look out for?

If you develop a temperature, increased redness, throbbing or drainage at the site of the operation, you should contact your GP immediately.

Are there any other important points?

A follow-up outpatient appointment will normally be arranged for 3-4 weeks after the operation. At this time, we will be able to inform you of the results of pathology tests on the removed kidney.

It will be at least 14-21 days before the pathology results on the tissue removed are available. It is normal practice for the results of all biopsies to be discussed in detail at a multi-disciplinary meeting before any further treatment decisions are made. You and your GP will be informed of the results after this discussion.

After removal of one kidney, there is no need for any dietary or fluid restrictions since your remaining kidney can handle fluids and waste products with no difficulty.

What are the potential complications that can occur?

The complications or side effects which can arise include:

Common (greater than 1 in 10)

- Temporary shoulder tip pain
- Temporary abdominal bloating
- Temporary insertion of a bladder catheter and wound drain

Occasional (between 1 in 10 and 1 in 50)

- Bleeding, infection, pain or hernia of the incision requiring further treatment

Rare (less than 1 in 50)

- Bleeding requiring conversion to open surgery or requiring blood transfusion
- Entry into lung cavity requiring insertion of a temporary drain
- The histological abnormality may eventually turn out not to be cancer
- Recognised (or unrecognised) injury to organs/blood vessels requiring conversion to open surgery (or deferred open surgery)
- Involvement or injury to nearby local structures (blood vessels, spleen, liver, kidney, lung, pancreas, bowel) requiring more extensive surgery
- Anaesthetic or cardiovascular problems possibly requiring intensive care admission (including chest infection, pulmonary embolus, stroke, deep vein thrombosis, heart attack and death)
- Dialysis may be required to stabilise your kidney function if your other kidney functions poorly

Procedure code for insured patients: M0280



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